

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

25302

## 1. PLACE OF DEATH

2 County Chariton  
 1 Township Brunswick  
 2 City Brunswick (No. ....)

Registration District No. 169  
 Primary Registration District No. 4098

File No. ....  
 Registered No. 42  
 St. .... Ward)

## 2. FULL NAME

(a) Residence, No. .... St., .... Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col- 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Banks  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10-1900  
 7. AGE YEARS 33 MONTHS 5 DAYS 26 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

13. NAME Jesse Tooley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

15. MAIDEN NAME Mollie Goode

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo.

17. INFORMANT Jesse Tooley (ADDRESS) Saline Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Saline Mo DATE Aug 8 1933

19. UNDERTAKER L. Maussit (ADDRESS) Brunswick Mo.

20. FILED ..... 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-6 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h. .... alive on ..... 19..... Death is said

to have occurred on the date stated above, at 12:35 P.m.

The principal cause of death and related causes of importance were as follows:

Coroner's Case  
Laceration of right side of  
brain with hemorrhage  
Brain struck car in  
Other contributory causes of importance:  
which she was passing  
2:30 PM 704

Name of operation ..... Date of ..... 8-6-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury 8-6, 1933

Where did injury occur? Brunswick, Mo  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

On Wednesday, P.M. right of way

Manner of injury hit by passing

Nature of injury Brain laceration

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. Maussit, M. D.

(Address) Salisbury Mo

SEP 26 1933

2035

